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October 2014 RTI Site Visit with the Vermont Tobacco Control Program: Revised Meeting Notes

Draft Report

Prepared for

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Contents

Section	Page
1. Site Visit Participants	1
2. Opening Session (Tuesday October 21st, 8:30-9:00 AM)	1
Recommendations and Next Steps	2
3. Current State of the Program (Tuesday Oct 21st, 9-10 AM)	2
VDH Update: Work in Retail Environment	4
AOE Update	5
Update on Enforcement	5
Other VDH Updates: Multi-Unit Housing and ATS Data Collection	6
Recommendations and Next Steps	6
4. Tobacco Control Program Workplan (Tuesday Oct 21st 10 AM -12 PM)	6
Recommendations and Next Steps	8
5. Programs for Youth (Tuesday Oct 21st 1-3 PM)	8
Recommendations and Next Steps	12
6. VTCP Current Media Work (Tuesday Oct 21st 3-5 PM)	13
Recommendations and Next Steps	14
7. RTI Session with Board Leadership (Wednesday Oct 22nd 8:30-9:00 AM)	15
Recommendations	15
8. Local Opinion Leaders Survey and other VT Policy Data (Wednesday Oct 22nd 9-11 AM)	15
Recommendations and Next Steps	17
9. Point of Sale Initiative (Wednesday Oct 22nd 11:00 AM - 12:30 PM)	19
Recommendations and Next Steps	21
10. Enforcement (Wednesday Oct 22nd, 1-3 PM)	21
Recommendations and Next Steps	22

11. Site Visit Wrap-Up (October 22nd)	23
Recommendations and Next Steps	24
12. Special Topic Suggestions	25
13. Summary of Recommendations and Next Steps	26

1. Site Visit Participants

Organization	Attendees
VTERB	Alexi Potter, Amy Brewer, Brian Flynn
VDH	Rhonda Williams, Rebecca Brookes, Sarah Wylie, Matt Thomas, Eoana Sturges, Barbara Moeykens, Heather Ishu, Patrick Kinner, Barbara Cimaglio (on 10/22)
AOE	Kate O'Neill
AGO	Helen Wagner (10/22)
DLC	Amy Tucker (10/22)
RTI	Nathan Mann, Matthew Farrelly, Brett Loomis, Suzanne Dolina

Other Attendees: Julie, Kate Nugent, Robyn (10/21)

Note: Site visit notes were taken by several individuals including RTI and the Interim Board Administrators. Thus the items included in this document reflect the notes, recommendations and action items recorded by various people, and different note-takers may have attended to and prioritized different content. We have included all recommendations that were captured in notes taken by RTI and the Interim Board Administrators.

2. Opening Session (Tuesday October 21st, 8:30-9:00 AM)

- RTI would like to move towards having more open communication in the upcoming year. Over the past year, RTI felt that we lost some of the regular communication with the VTCP.
- In the past year, the evaluation has focused primarily on the VT LOLS. VT and RTI may need to take a step back during the site visit to focus on the program more comprehensively. It would be good to discuss how RTI can work with VTCP to meet the Program's needs.
- Nathan mentioned how in the past we discussed shorter deliverables as a means to save money, but that there is a limit to that. The shift in recent years to lean and focused reports doesn't necessarily mean these things cost less money. Just because the deliverables are shorter, doesn't mean they are proportionately cheaper.
- Rhonda wondered if it was possible for VDH to fund add-on tasks that are relevant to both VCTCP and VDH. These tasks could assess current local and state policy initiatives. Historically there has been administrative (Stephen) push back on contract "add-ons".

- Rhonda said VDH will be doing a limited bid for evaluation for Medicaid initiative, mental health tobacco-free initiative and technical assistance. It will go out to at least 3 entities for bidding. Even RTI doesn't end up doing the work, Rhonda would like to maintain close communication between VDH and RTI regarding these evaluations.
- Rhonda would also like to discuss how to develop the program as funding streams become tighter, which is expected in 2017.
- The Program needs to develop a 3-year budget/document that addresses their key outcomes and plans. Rhonda brought up the need for the Program to be prepared to present to the legislature for the next 3-year plan. A mid-year report brief might make it easier for Dr. Chen to go to Jeb Spaulding.
- Blueprint for Health remains an important but complicated collaborator. There have been some issues with using their data. VDH has to demonstrate how they are working with Blueprint.
- Barbara Moeykens mentioned that she hoped that during the site visit RTI could speak to advice on how to decrease prevalence once it has already been reduced and you are dealing with a difficult to change population.
- It was agreed that there is the need to prepare for 2017 MSA funding cuts and CDC funding cuts while also increasing evaluation needs moving forward (i.e. specific CDC evaluation targets). We may need to use some evaluation time to create the program evaluation components for funding applications.
- A sustainability plan and 3-year budget has been requested by legislature a while ago. This plan has been created and the Program is now in the 2nd of 3 years of that plan. The Program needs to consider how to present to the legislature for the next round of funding. Someone suggested using 3-year framework in the October 2014 Site Visit discussions to prepare for addressing legislature next year.

Recommendations and Next Steps

- Reinstate regular communication about the global program between RTI, VDH, and the Board Administrator (BA).
- Explore contract management with the new Board administrator in order to have flexibility within the contract for add-ons.
- Develop a mid-year brief for Jeb Spaulding and others outlining progress to date and needs for future.

3. Current State of the Program (Tuesday Oct 21st, 9-10 AM)

- RTI currently has two monthly calls – one with the Board Administrator and another with the VTCP program. RTI is hoping to use the monthly calls to address “special topics” to encourage greater participation and utility of the calls.
- Nathan discussed VTCP outcomes. Matt recently sent the latest BRFSS data to Nathan, which looks like age-adjusted prevalence increased by .4%. Quit attempts also appear to go down. Neither of these changes are statistically significant. Nonetheless, we need to figure out how to communicate this to stakeholders, particularly the legislature, that this is not statistically significant.

- In response to Barbara Moeykens's comment about how it gets harder to address tobacco use when prevalence goes down, Nathan said that there has been a rise in OTPs and e-cigarettes – essentially, tobacco use has been changing and moving towards more dual- and poly-tobacco product use. It is unclear if individuals are trying to reduce traditional cigarette use or are supplementing traditional cigarette use
- Nathan brought up the high prevalence of marijuana use among 9-12th graders. The Program may want to communicate this when considering outcomes.
- Matthew mentioned a new study by Lois Biener showing that those using e-cigs are probably using them as a bridge whereas those using them more intensely are probably doing it to quit.
- Prevalence rates are starkly different along education gradients and income, to a lesser extent. Rhonda asked how to best assess progress on their efforts with mental health and cessation efforts.
- Rebecca said that 2.5 years ago, media was focusing on households with \$70+K, but then moved to those making less than \$30K and this makes it hard to compare data across years. Rebecca would appreciate RTI weighing in on that. Matthew cited a NY study he did a long time ago about the Medicaid population – they tend to have many quit attempts but greater failure rates.
- Medicaid counts for about half of the VT smokers. Prevalence among college educated is roughly 7%.
- Residential treatment facilities (“preferred providers”) funded through VDH are moving to have tobacco-free campuses. Rhonda said VDH will be asking about smoking status at various stages of intake and treatment so they should be able to understand smoking and mental health.
- VDH is working with Department of Mental Health to see if they can share data. It sounds like it should work to share Quitline data with DMH to see if people have used the Quitline service over time.
- Nathan looked at Quitline data to see where VT ranks. Vermont falls in top 5-10 in treatment reach each quarter. In the latest quarter, VT was 4th (with 3 other states) at .4% of smokers. The top state was NY with .9% and ME is at .7% of smokers. Promotional reach = number of people who interact with program; treatment reach = number of people who seek treatment/receive materials, counseling, medication.
- Nathan echoed what Matthew said that you will never make big changes in population-level prevalence through the Quitline.
- The VTCP will need to think about how to communicate the link between the successful media campaign and no change in the statewide quit rate. Media drives calls into the Quitline but doesn't change quit rate. The Tips campaign increases both Quitline and Quit in Person, and unassisted quits (basically overall quit attempts).
- Barbara Moeykens asked, when you look at the National TIPS campaign can you see data on quit attempts not using the Quitline? Nathan said yes and this is demonstrated in the Lancet paper by McAfee and Davis.
- Rhonda mentioned that there hasn't had a tobacco excise tax in a long time.

- Tough decisions have to be made about what to continue funding. One area that comes up is Community Coalition versus the media program. Rhonda thinks it will be important to talk about the Community Coalitions, youth engagement and the synergy with AOE and how to best support those efforts.
- Rebecca Brookes said that there is a threshold below which it isn't worth doing media at all. Barbara Moeykens chimed in that it seems that the media program is there already. Sarah Wylie echoed that the same is true of Community Coalitions - if you can't support it well enough, there is no point in having it. Amy Brewer said the Community Coalitions will be asking for more money because it is needed. Her concern is that without these pieces of the program, it will no longer be a "comprehensive" tobacco program. Then, we have to understand what a non-comprehensive program looks like and if we have limited money, what do we do with it to do something.
- Rhonda asked if, given that Quitlines are evidence-based, can VDH stop doing the follow-up (the contract to do the follow-up with Quitline participants)? Matthew said yes. Alexi asked if Rhonda is comfortable with that, and Rhonda said she is, especially if it helps have money for other pieces. Matthew said it isn't worth doing it as regularly as VT does it. The Program could consider doing it every other year, but right now there is little actionable information and action coming out that follow-up effort.

VDH Update: Work in Retail Environment

- Much of the VDH emphasis is in the retail world. This is a focus of the Community Coalitions – the Counter Balance campaign. They are looking at a statewide initiative complemented by schools and community (OVK and VKAT). They are going out to retailers to assess them. They will use LOLS data to focus where they go with that retailer data.
- Matthew asked about what options there are to work locally versus statewide. Amy Brewer said that there are statewide options for pharmacy but not local options. There are local options for limited signage and options for retailer density and proximity to schools and playgrounds/daycare.
- Matthew said that at the last site visit there was some question on whether there was local control regarding licensing. VDH responded that approval of the license has to be statewide but local zoning could limit licensing in close proximity to a school.
- VDH is working with DLC on rule-making to establish rules to evaluate tobacco applications. There are currently no criteria to say no to licenses.
- Some of the local zoning issues have to do with timing. Some communities may have already addressed their zoning recently and may not want to revisit that.
- The licensing fee is now \$100. Vape shops are included in the license. They are required to have a license but it's not clear whether they all have a license.
- VT now has smoke-free car regulation. There is also clean language around schools – this is all part of Act 135.
- There is some initiative to tighten up existing policies.
- Brett says that the Providence flavored cigarette regulation puts the onus on retailers not to sell these products but doesn't necessarily change what the manufacturers are

producing. NY also has a flavored tobacco ban/limitation and scanner data shows that it has decreased purchasing.

AOE Update

- On the school front, AOE had a funding cut but was able to fund all schools and supervisory unions that applied. The minimum amount of funding is now \$5800, which is low. Kate O'Neill also changed the structure of the use of the grant funds slightly. Now schools and SUs can conduct their work in similar ways but they have to be more strategic in framing it.
- Schools have 6 areas to do work and develop objectives. These include: curriculum, community engagements, policy, assessment, youth assets development, youth cessation. Youth asset development relates to service learning and similar activities.
- Rhonda said that the VT data shows that more assets, the lower the smoking prevalence.
- Kate has told grantees to use local data to help determine where each school should focus. There is a still a pretty heavy emphasis on curriculum delivery and not much work is being done on cessation and policy. There are school policies against tobacco use so now the main emphasis is educating about those policies (Act 135) and signage has been given to all schools.
- Nathan and Kate have worked together to update the AOE Tobacco Database in the past year or so. There has been a database for several years but the data wasn't very useful for evaluation purposes. Kate and Nathan reviewed what data were being collected in the database and made changes by eliminating less useful pieces to increase the utility of the database.
- Matthew asked about how many schools opt to address cessation and what those schools are doing. Kate said that teens don't seem to be using the existing Quitline so cessation efforts focus on N-O-T and there are about 18 schools using tobacco funds to implement N-O-T.
- Matthew said that N-O-T is not really evidence based, and there is a high cost to doing the program. Matthew asked about Quit Online and if it is available to schools and teens. It is.
- Rhonda said they are trying to make their Quit services more attractive to teens.
- Rhonda said that in the future there won't be funding for doing N-O-T, but that some schools may opt to do it regardless.

Update on Enforcement

- There haven't been any changes to the enforcement initiatives. Rhonda said VDH is meeting fairly regularly with DLC on rule making and making sure DLC feels informed. VDH has started exploring to see if DLC could be a partner in the Counter Balance Plus.
- DLC is meeting and discussing interpreting statute – gaining clarity on tobacco products in clerk assisted cases. VDH has seen a lot of e-cigarettes on counters next to clerks. DLC is supportive of collecting this data and tightening regulations in the future.

Other VDH Updates: Multi-Unit Housing and ATS Data Collection

- VDH continues to work on the tobacco-free college initiative and multi-unit housing. Eoana Sturges leads this effort. VDH will explore whether to have a statewide statute approach for MUH, something that is on their several-year agenda.
- VDH is hoping to get DCF and DAIL to identify tobacco priorities so that the groups can work together.
- Starting Jan 1st VDH started counseling services for Medicaid recipients. NY experienced a 300% increase in use of counseling in 2009 coinciding with counseling becoming billable by primary care.
- Rhonda said that it costs over \$100K to do ATS data collection. VDH has been discussing cutting it down and sampling fewer adults to get the cost down closer to \$100K. VDH is open to other options too since funding cuts are coming. Matthew said that NY has discussed doing the ATS in NY using different modes. They are actively pursuing this.
- Matthew said that prevalence rates from mail versus phone appear to be somewhat different which may suggest that there are some issues with literacy.

Recommendations and Next Steps

- Determine how to communicate to stakeholders, particularly the legislature, that changes in adult tobacco use prevalence and quit attempts are not statistically significant.
- Develop a strategy for looking at prevalence rates for use of multiple products.
- Continue discussing and addressing how to best advocate for increased funding to keep the comprehensive tobacco control program intact and what a non-comprehensive program would look like.
- Consider conducting less frequent follow-up with Quitline participants. This can be discussed at a future evaluation committee meeting.
- Discuss what to do with the data from the AOE database and how to use it to inform program development.

4. Tobacco Control Program Workplan (Tuesday Oct 21st 10 AM -12 PM)

- The current workplan was developed largely by VDH without involvement from Stephen Morabito.
- For every objective, there are tasks to be specific about how the work is getting done, but the tasks aren't published in the workplan.
- Matthew asked why have a 12% prevalence goal if funding is being cut? He felt it wasn't realistic. Amy Brewer said that it's hard to go to the Legislature and ask for more money if the goals are small. Rhonda pointed out that 12% matched with Healthy People 2020.
- Rhonda said that they have acknowledged that RTI has pointed out that VT won't reach the goal if VT doesn't make changes to the Program. If VTCP continues on its current path, the 12% prevalence goal won't be possible.

- Nathan said if funding gets cut enough, there is the chance that prevalence rates could increase so efforts may need to go into simply maintaining current levels.
- Matthew asked about Goal D – why is there not a goal for adult use of cigars? There was little use of cigars by adults in VT. The goal was to maintain low prevalence among adults – around 3%. Matthew said that the Program needs to keep an eye on young adult rates of other tobacco use.
- Matthew said e-cig use has grown rapidly in some states. He said we don't know enough about e-cigarettes yet to know what goals might be right for e-cigarette use for adults. For youth, it seems to be clearer that it's not good since it could be a gateway to regular tobacco youth and could impact brain development. Nathan pointed out that it's hard to know what policies to pursue for e-cigarettes.
- CDC hasn't really said anything about e-cigs. WHO has said something and their statement is what VDH is using as rationale. Brian said that some states and cities have included e-cigarettes in their smoke-free air laws. Some hospitals in VT have banned e-cig use in the hospitals.
- Rhonda said that perhaps the Program should consider adding an objective regarding adult use of e-cigarettes. It was decided that e-cigarettes will be put into Goal C or D. Data will be available starting in 2015 from YRBS.
- Sarah Wylie said she may want to add an objective to ensure VT is meeting enforcement into Goal D. Amy Brewer said she had some hesitation about adding an objective that includes something which should automatically be done.
- Rhonda thought that at a future VTERB Board meeting there should be a discussion about youth enforcement about e-cigarettes through DLC.
- Nathan suggested that the objective could be about the intended behavior rather than the enforcement, so that including the intended behavior will require the need for the enforcement.
- DLC checks each retailer once a year. With Counter Tools, you can see how many violations are happening near schools.
- DLC does education for all retailers, not just violators. Owners and clerks both get training. The training is about alcohol and tobacco, although the emphasis is much more on alcohol. At a future meeting, VTERB may want to discuss whether they can offer guidance to the trainings. Data are available on violations by clerk (and mode of training). Retailers know they have been inspected, even when they pass.
- VTERB should discuss how to address e-cigarette enforcement and also understand the evaluation of DLC's online system. For example, what e-cigarette information is in the training? RTI suggested that research shows that face-to-face conversations are best for trainings. Positive reinforcement when they pass is important and stiff penalties (e.g., loss of license, loss of lottery license, etc.) when they fail are also helpful.
- Rebecca mentioned in NY they used to have brochures for retailers on how to avoid violations. Rhonda suggested it may be something to consider through Counter Tools.
- Brett said that the two best things you can do is to inspect frequently and get clerks to ask for ID. Once a year is good but 2-4 is best, and it is helpful to have the clerk ask for ID. Just asking for ID increases compliance to 95%.

- Sarah Wylie said she'd be interested in knowing how much time should be spent on compliance versus policy POS. Brett said it's important to get compliance nailed down and do it well. He thought it sounded like VT is doing well. Amy said that they have realized that social sources are a main source for access to tobacco products. Rhonda said she'd welcome more data sharing from DLC. An evaluation encompassing enforcement may help to engage DLC as a stakeholder.
- Rhonda thought there could be more inter-agency effort on the shared goals that VTERB is striving to meet. She doesn't think we should take it for granted that the same emphasis on tobacco is there that used to be.
- Brian Flynn said that DLC has been "beat-up" a lot despite doing a good job. He thought it wouldn't hurt to be positive with them about the good job they've done and historically they've been hitting above the mark.
- Rhonda said privatization of liquor control is rearing its head. There are shared concerns about the erosion of control. Rhonda has talked with Mike Hogan about funding them since the more work VDH does in the retail environment, the more that they may need to do.
- Rhonda thought that DLC should potentially be part of the evaluation also and that we should be looking at their data more than we are currently.
- Brett talked about how there are declining rates of tobacco retailers in NY, although the reasons for that are not clear.
- Brian Flynn pointed out that the goals go to 2020 and the objectives 2017 and whether the 2017 should be extended to 2020. Rhonda said 2017 was selected because it is a 3-year funding cycle.
- Matthew said he thought there was discussion of NCI funding the CPS-Tobacco Use Supplement (TUS) to be collected every year. He's not sure when this would kick in. The CPS-TUS a free public-use dataset. Matt said that depending on what's in the TUS, there may be questions that could come off the ATS.
- Rhonda said they are considering taking ATS to every third year.

Recommendations and Next Steps

- Discuss at a VTERB meeting whether the Program should offer to help with an evaluation of DLC's online training for retailers.
- Consider if it is possible to get more information from retailers about their relationship with tobacco companies, possibly using license application as a data source.
- Examine what useful data may be in the CPS-TUS for program use.

5. Programs for Youth (Tuesday Oct 21st 1-3 PM)

- Matthew said that since the Hutchinson report there hasn't been much new going on with teen tobacco programs. Brian Flay had an article a few years ago where he re-evaluated the tobacco prevention curricula and he found that if you deliver 12+ interactive sessions, the results look promising. Matthew feels that youth cessation is a waste of time because youth don't think of themselves as smokers so they don't think of quitting.

- Matthew said that the last he heard about what VT was doing sounded good though there may be room for improvement. Matthew would like to see a stronger connection with what's happening in the school and the community.
- Matthew said looking at the literature, the evidence seems to be more about integrating school and community efforts. He does think it's a missed opportunity not to have more research into what is the best way to work with the teen population but there isn't many innovative activities being conducted.
- CDC thought VT's youth prevalence could and should be lower. Nathan reiterated the context of marijuana use and cigarette use in response to CDC comment.
- Amy suggested blurring the community and school piece for youth so we could look at "youth" rather than school and community youth groups. She asked if there are things that VT should be focusing on that they are not. Matthew said he didn't think VT was missing much except for flavored cigarettes.
- Matthew thinks there will be increasing research coming out about flavored tobacco in the future.
- He doesn't think VT is missing anything big but posed the question about whether VT felt they were missing opportunities with youth.
- There is variation in where there are Community Coalitions with youth groups across the state.
- Brian pointed out that with the youth activities, it is a very select group of youth and while it may have a larger impact, it does take a while for that to happen. Amy said she sees the curriculum being the foundation and then getting youth involved in the Community Coalition can have a ripple effect. At the same time, youth can play a large role in how the tobacco free policies are adopted and enforced in their schools.
- Kate passed out a sheet about CDC's Guidelines for School Health Programs. She pointed out that there are recommendations that are applicable to tobacco programs.
- Kate pointed out that tobacco prevention curriculum itself is not very effective but can have an impact when it's part of a larger framework. She said it is the predominant activity that is happening in schools even though the recommendation has been for it to be only one piece of the puzzle. She feels this is problematic for a few reasons. If the funding went away, there goes the curriculum. It's also a problem from the education perspective - it's a state law for schools to provide it (health education, with tobacco being a part of that). On top of the curriculum piece requiring schools to have a comprehensive health education. It also requires that the person teaching that course to be trained. The VTCP has been funding trainers and what often happens is that the trained person administers the tobacco control teaching but isn't integrated into the education setting. She would prefer to see a comprehensive education program that is focused on skills-building - with students learning decision-making and goal setting. Currently there are many programs (drug/alcohol, tobacco, sexuality) who are all doing the same thing but with different content.
- Kate passed out information about the Health Education Curriculum Analysis Tool and said that this is what she'd like to see schools doing. She said they can use this to develop their curriculum or to analyze the curriculum that they have.

- The tobacco prevention curricula that were on the approved list weren't up to standards and several of them are no longer updated or supported.
- Kate would really like to move schools away from the commercially available, canned curricula.
- Nathan pointed out that the last study RTI did about fidelity of curricula implementation showed that many of the curricula were being implemented differently than written.
- In terms of legislation, Kate feels like they have the tools and the structure to help schools improve their work around health education. There are some small schools out there that when funding is pulled there won't be anyone there to teach health education.
- Some schools focus on youth asset development and working with the community.
- Matthew asked what would be evidence that a school based program was working really well?
- Kate suggested having the tobacco coordinator not necessarily teaching the curricula but being a consultant to the health educator to ensure that it is being infused into the materials being taught. In the absence of someone funding to care about tobacco prevention education, this may not happen.
- Curriculum is the number 1 strategy being implemented by school districts/supervisory unions.
- Rhonda thought one approach to evaluation would be assessing community engagement and to straddle AOE and Community Coalitions. The other way VT could benefit would be to have RTI assess where the obstacles and signals of success are. This could help to feed into the regional tobacco coordinators to maximize training and structure for their role.
- Rhonda thought it might be good for the VTCP to redefine community and the role of the school within that. This sometimes, but not always, means students out in the community.
- Matthew asked whether the tobacco coordinators in the school are in the best shape to be the consultants to the health educators. Kate feels like her role is to disseminate information on best practices and evidence base for activities.
- While skills-based teaching is good, it does need to be relevant to today's issues for youth otherwise they won't think to apply the skills to the issues they face.
- Rhonda suggested using the Regional Coordinators and engage them into the trainings that the VDH conducts to help them be the best prepared, knowledgeable person to address these topics.
- Matthew suggested looking at the recent Surgeon General Report and revisiting the health effects of tobacco. It is the state of the art in terms of the health effects of tobacco. He was also concerned about how the most current knowledge and research findings are accessed by education to keep kids engaged and cued to use their skills in the community.
- Rhonda thought there may be a need for additional funding or to take the funding stream as it is and see whether there is a trainer who can regularly deliver trainings that are needed through the Peer Mentor Network. A rationale for more funding

could include the need for funding to bring content up to date and keep it current. Possibly there is a trainer who can deliver regular content ongoing.

- Rhonda thought it might be helpful to look at the capacity of the Peer Mentor Network.
- Amy brought up the concern that there are some very small schools and if they don't have the tobacco person to teach curricula, would it not get done? Kate said that if we changed the model, the tobacco person would then serve as a consultant to the classroom teacher.
- Alexi brought up the question of what is being done in terms of evaluation for activities that cross funding streams.
- Kate suggested having the year-end reports ask questions about each of the strategy area (e.g., does the school post smoke-free policy signs, curriculum questions, etc.). This could be a topic for the Evaluation Committee.
- Matthew wanted to go back to talk about what we consider "success". If we talk about what we consider successful students, we can work backwards to see what lines up or leads to this. Kate said that it is a problem that may be too difficult. Kate said that they are allowed to ask what teachers are teaching, but you can't assess what students are learning outside of Common Core standards, certainly not health education. Matthew asked about including questions on YRBS, but Kate said that since it's a behavior survey you can't ask skills-based questions.
- Alexi asked if you could tie a brief student assessment to funding. Kate said that wouldn't work because you wouldn't be able to do the student assessment.
- Kate said she thought many schools would welcome having the objectives crafted for them. Alexi asked if people write whatever they think needs to be said to get the grant – Kate said she expects that may happen.
- Amy brought up whether the VTCP could even consider reallocation of AOE funding so schools without coalition get more funding? She asked if it's possible to have that conversation at this point of the program.
- Matthew asked whether the resistance to student assessment was that it's being done in school, and if so, that it could potentially be done outside of school. For example, a mail-based survey. Kate wanted to clarify what was meant by assessment – to her it means an assessment of proficiency. Matthew said that if we can never define measurable outcomes, should we just stop having this conversation. If we can't correlate what they are getting to tobacco outcomes, why do we keep talking about how to make it better? We can't assess whether the work is having any impact.
- Rhonda said that if RTI were to make a proposal as to what an evaluation would look like, the Program could consider it. Matthew said RTI would have to work with someone like Kate to determine what the outcomes should look like. Kate said they have standards of what students should be able to do, but the issue is assessing that. Kate said that it is the school district's responsibility to assess student.
- Matthew said he'd sample households in different supervisory unions (SUs) and would compare SUs that are considered good and not as good. But the question is how to evaluate the skills? It's not clear if it's possible to assess these types of skills. Matthew asked if Kate knows of ways to assess these sort of schools.

- Matthew said for this sort of evaluation, the challenges are the content and the mode. It may not be feasible, but short of that Matthew isn't sure we can do anything that the Program can't do themselves.
- Rhonda suggested focusing on other aspects of the AOE program to evaluate, but Matthew said that there isn't much that we can do that the Program can't do for themselves.
- Kate reiterated that as a statewide program, we can't do student assessments. Amy asked if you take it out of the school, could you do it then? Kate said she just felt that it would be very unlikely to get students to do this at home. Brian pointed out that it would be very challenging to accurately measure skills in a survey.
- Kate does think there is extraordinary value in having skills-based health education in schools. In the absence of it, they aren't learning these skills or the issues around health.
- Matthew asked whether it would be meaningful to Kate if there was data showing differences between supervisory unions in youth outcomes. He also said we wouldn't want to collect this sort of data for one point in time. Rhonda asked if we could revisit this with the Evaluation Committee.
- Kate suggested it would be far easier to ask the teachers if they taught the information rather than asking the students if they got it.
- Matthew said that he struggles with measurement with media study because some youth recall of ads is correlated with their intent to smoke. The same could happen with school data as students may recall some of the skills lessons because they are very relevant to them given their situation and needs.
- Matthew said that RTI has a group that does school-based evaluation and research. He will talk to them to see what they think about the possibility of doing this type of school-based evaluation.
- Brian pointed out that we may not need to evaluate all aspects of the program. If we are following Best Practices, we should feel comfortable with what activities are being implemented.
- Someone brought up whether a future Evaluation Committee meeting could look at the old questions from the YTS and see if that data might be helpful if it was gathered it from another source?

Recommendations and Next Steps

- Continue the discussion of what constitutes a successful school-based tobacco program.
- Offer the tobacco prevention coordinators (peer mentor network) the opportunity to receive the trainings available to VDH.
- Discuss, at a future Evaluation Committee meeting, adapting the end-of-year reports to ask questions about each of the strategy areas.
- Consider having the Evaluation Committee guide Kate in creating a questionnaire for AOE grantees soliciting success stories.
- Discuss the reallocation of AOE funding so that schools without a coalition would get more funding.

- Develop a proposal for a good youth evaluation would look like so that Rhonda and Kate could talk to decision-makers to see if it's feasible.
- Look at the old questions from the YTS and see if that data might be helpful if it was gathered it from another source.

6. VTCP Current Media Work (Tuesday Oct 21st 3-5 PM)

- Rebecca gave a media presentation for the first 1hr+ of the session. After the presentation, Alexi asked whether RTI has feedback based on the media presentation.
- Matthew asked if there could be a question on the YRBS asking about awareness of Down and Dirty. Matt said they could pursue that. They try to push the behavior aspect on the YRBS so it could be tough especially since there are several tobacco questions already. Matthew said it could be a check all that apply with a list of a series of media campaigns (e.g., Down and Dirty, Truth, The Real Cost, TIPS, and a fake brand).
- Nathan said it's worth mentioning that in terms of the micro-targeting, it is hard to do evaluation. The VTCP could do traditional analyses to link TIPS to calls but what is being done now is probably enough. One thing VT could do is look at where GRP is in the state and where people are coming into the program.
- Rebecca said she heard that TIPS has an effect on youth, though VT isn't seeing it through hits to the Quitline. She was wondering if Matthew or Nathan were familiar with that. Matthew said there is nothing published on the topic. Matthew hasn't seen anything credible about this. There is spill-over from the media buy but whether or not it's effective, he doesn't know. It may be possible to get an idea of that from YRBS data.
- Matthew said that some states don't promote media campaigns for youth and focus on adults because of the spill-over. It's not that the youth see the adult campaigns and respond, but that as adult prevalence goes down it changes social norms regarding smoking.
- Brian asked about the web metrics and whether there is value to the overall evaluation to do more with web-specific data. It's useful for program management, but is there something more to be gained for overall evaluation. Matthew asked about de-duplicating, Jessie said you can identify unique visitors.
- Matthew said RTI did an analysis with NY's data to see if Quitline calls tracked the ATS to see if there was a correlation. The number of people going to the Quitline may represent a broader scope of quit attempts, but because RTI didn't know when they (ATS respondents) made their quit attempt it was hard to correlate it with calls to the Quitline. It was not possible to model this, partly because the timeframe of ATS has a 12 month lag. The field of metrics for digital is constantly evolving.
- VT is one of the few states that have the online quit services. Someone raised the question of whether it enhances quit activity of participant to have phone, online and text? There is some suggestion that low SES benefiting from texts. The VTCP want to evaluate if quit online is cost effective long term.
- Rhonda wanted to discuss what it would look like if RTI did more of the media evaluation rather than Rescue Social Change. Matthew said that VT shouldn't be ashamed to put the Facebook survey results when responding the CDC FOA. It's not

a comprehensive stand-alone evaluation, but it's not a bad evaluation approach. Matthew suggested using Community Partners in the rural areas to possibly do some intercept interviews.

- With regard to the Down and Dirty ad, Matthew thought there was some disconnect with the health issue (coughing) and teens. The connection with the audience may be more important than the link to health outcomes for youth.
- Matthew said he has had some discussions with Rescue Social Change (RSC) about how RSC is interested in changing social norms, and RTI is interested in what you do to get there.
- Rebecca said that RSC wanted to first establish the D&D brand and then start putting in the anti-tobacco messages.
- Matthew said he's working with RSC on their hip-hop campaign, but they aren't done figuring out the evaluation plan yet. There will be many challenges in that plan development and RTI is focusing more on upstream indicators.
- Alexi asked if there is any step that VT could take to get closer to understanding impact of media. Matthew said to think about what Community Coalitions could do – maybe not population based but something to get at certain attitudes (e.g., hunting and smoking). Assessing behavior change for a campaign like Down and Dirty would be tough, but if you could compare attitudes in counties/towns where the campaign is present versus counties/towns where it isn't. Matthew suggested talking to guidance counselors as one way to figure out where to go to conduct intercept interviews with teens.
- Matthew pointed out that by going through Facebook you are getting people who are pretty involved in the digital world. Doing intercept interviews would help get a broader range of teens.
- Robyn asked about whether there were ways to reach teens and families through providers. Specifically she asked whether the Program is getting enough information to family practice doctors? It may be worth partnering with them in rural communities to communicate around rural youth, focusing on what can be done to increase the effectiveness of efforts. She asked, are there particular tips that providers need to have to have a more effective conversation with teens that could be timed at the same time as the campaigns?
- Robyn also brought up e-cigs and whether there is messaging around that which may connect more with youth. Florida 2014 youth e-cigarette use is continuing to rise at an alarming rate. VT shouldn't wait for state data before taking action.

Recommendations and Next Steps

- Add a question to the YRBS about awareness of Down and Dirty and other campaigns.
- Examine YRBS data to see whether TIPS has a spill-over effect on youth.
- Consider whether the Program should partner with family practice doctors in rural areas to help communicate to rural youth.

7. RTI Session with Board Leadership (Wednesday Oct 22nd 8:30-9:00 AM)

- Nathan suggested bringing others, such as Rhonda, into the monthly calls between RTI and the Board Administrator. This is where decisions are being made about what is being done, changes in timeline, and other contract management issues.
- Nathan felt that access to RTI shouldn't necessarily be through VTERB.
- The role of administrator in relation to VTERB is to set standards and provide continuous feedback to RTI.
- Reports are not structured for the Board Administrator only. Everyone needs to be included.
- RTI is open to contract add-on via VDH.
- In the future, RTI will be invited to Evaluation Committee meetings, when it makes sense to do so.
- For the monthly calls, we will use half the call for a Special Topic and half the call for updated from RTI and VT.
- There are a few options for how RTI can work with cessation data. These include: 1) VT gives RTI completed analysis and ask for feedback, reflection, 2) VT gives RTI data points and RTI assembles, interprets and presents findings, or 3) VT provides RTI raw or semi-clean data and RTI analyzes, assembles, interprets, and presents findings. The Evaluation Committee will discuss these options and will clearly communicate with RTI what would be best.

Recommendations

- Reinstate regular communication about the global program between RTI, VDH, and the Board Administrator (BA). Include Rhonda in the monthly call with the Board Administrator.
- Discuss with Evaluation Committee members how they would like RTI to be involved with cessation data analysis.

8. Local Opinion Leaders Survey and other VT Policy Data (Wednesday Oct 22nd 9-11 AM)

- Suzanne presented findings from the VT LOLS.
- Helen asked about the geographic breakdown of respondents. RTI has not looked at this yet, but can. A high percentage of mayors and Regional Planning Commission Executive Directors responded.
- The VT LOLS has the highest response rate (77%) of any opinion leader surveys that RTI has fielded. This could be a good talking point to the legislature regarding community engagement as it may demonstrate the engagement in the state on the topic of tobacco.
- There were few smokers (1.2%) among the respondents and a fairly even distribution of political affiliation among respondents.

- The majority of respondents felt that had little or no influence on local and state tobacco policies (51% and 55% respectively).
- Someone suggested reaching out to VT League of Cities and Towns to explore educating local opinion leaders about what they can do (e.g., what authority they have locally). This might be a good venue for communicating and disseminating results from the LOLS work.
- Amy pointed out that hospitals in the state were required to do a needs assessment and identify the top health needs in their communities. This may be complementary data. Matt will check with surveillance to see if this data is available.
- The policy with the highest level of support was the tobacco coupon ban. Support for the pharmacy ban was somewhat low and the question as to how many people responded that they were neutral on the policy came up.
- Liberal policy makers were more supportive of many policies including; the tobacco coupon ban, pharmacy ban and product placement ban. Coupon ban had the highest level of support among all political groups. The minimum age ban had fairly uniform support too.
- Helen Wagner would like to see a wording change on Slide 14 (importance of addressing tobacco use in community). She didn't like the language describing the aggregate of the top two categories. Should say something to the effect of *82.5% of respondents rated tobacco as equally important as other health problems or among the most important health problems.*
- Brett thought it was too bad that the survey didn't include a question on the minimum price law. Enacting that policy along with the tobacco coupon policy can be very effective. Brett stated that minimum price laws need to be put in place simultaneously with coupon bans for either to have a meaningful impact. Helen thinks that there would have been a lot of "Don't know" responses to such a question. Brett stated that such a finding would identify an opportunity for further education.
- Helen pointed out that anything about minimum price would need support from the Department of Revenue.
- Data still doesn't support the effectiveness of a coupon ban. We would need a new generation of tax laws where the price is high enough and implemented with public health in mind in order to see a difference.
- NY does have a statewide minimum price policy and a regulation stating that prices need to be posted. Although enforcement hasn't started there yet, this should make checking prices easy.
- Sarah pointed out that some of the reasons for opposition to policies seem to be things that are intransigent and will remain no matter what you do, whereas others are probably things that could be changed or moved through education and/or advocacy.
- Brett stated that minimum purchase age laws would likely be more of a signaling mechanism. But it could also have meaningful implications for shifting the use progression and addiction curve (experimenter to established smoker, etc.).
- Helen pointed out that in order to persuade legislators about new regulations, it may be good not to be the first state pursuing certain policies.

- The group discussed repeating the survey in 2 years with the same group of opinion leaders. Perhaps a repeat of the study might be included in the next evaluation RTP.
- Rhonda brought up the topic of who to talk to in the world of zoning. It may be worth also considering town planning/zoning administrators for policies affecting zoning.
- Alexi asked if RTI thinks we contact the right group of people.
- Alexi brought up the issue of how VTCP can, and/or should, use the results from the VT LOLS to guide their activities, efforts, or evaluations over the coming years.
- Matthew talked about the experience of doing an LOLS in Vermont and how that differed from doing one in Florida.
- The group reviewed data on support for specific policies:
 - Adult smokers with smoke free homes (2012) = 54% nationally, NY = 45%., VT = 83%.
 - Smoking ban in multi-unit housing: 37% Vermonters in favor
 - Ban on displays in stores – 47% of adults, VT = 48%, NY = 58%
 - Ban on sale in pharmacies – 49% nationally, NY=57%, VT = 40%
 - Ban sale near school – 60% nationally, NY=68%, VT=65% with children
 - Limit number of stores – 43% nationally, NY=53%, VT = 43%
 - Outdoor smoking ban – 38% VT
- 2015 legislative proposal includes language about “25 feet from entrance to a public building”. Helen asked what does public mean? The program will need to clearly define that for legislators.
- Vermont not doing Healthy Retailers now, overall the results were not strong for tobacco to continue using Healthy Retailer. Instead the Program switched to Counter Balance which uses similar tactics and strategies.
- The group reviewed the Healthy Retailer handout. Many stores wanted to make changes but felt they would put themselves at a competitive disadvantage if they made changes to their tobacco contracts.

Recommendations and Next Steps

- Examine VT LOLS respondents/non-respondents and their geographic location.
- Share data on the percentage of VT LOLS respondents who were neutral or in opposition to policies.
- Use consistent and accurate language describing aggregate categories that combine multiple responses and to use the wording “perceived influence” instead of just “influence”.
- Reach out to VT League of Cities and Towns to explore what local opinion leaders can do with regards to tobacco-related policies (e.g., what authority they have locally).
- Check with Surveillance to see if data from community needs assessments are available.

9. Point of Sale Initiative (Wednesday Oct 22nd 11:00 AM - 12:30 PM)

- The session started with a Counter Balance presentation. This is a component of both the Core and Competitive piece of the CDC application.
- The role of district office and of regional planners and partners extending beyond coalitions are important. This has been recognized in writing the competitive CDC application.
- Minimum pack size requirement applies primarily to cigarillos (which can be flavored).
- Helen Wagner brought up the issue of needing a clear definition of cigarillo and the importance of being careful when collecting data on cigarillos. It may not be clear to people what they are.
- Little cigars are brown cigarettes; cigarillos are unfiltered or have a plastic tip. Cigarillos typically are sold individually or in a pack of 5-6.
- Rebecca is concerned that stage 2 and 3 will require additional media dollars that if we don't get the competitive portion will be difficult. Media won't be growing if VDH doesn't get the CDC FOA.
- Helen Wagner mentioned FDA is looking at POS also. They may roll out their campaign to states also. There may not be a broadcast campaign with it. The focus would be on adults. FDA is not doing youth prevention POS, the FDA campaign would be a POS initiative aimed at adults and interrupting the purchase decision.
- It may be useful to frame the CDC application and emphasize that VT is a small state so the media buys go farther. The state also has strong engagement from local opinion leaders.
- OSH is pulling together the states that are working on POS for a learning collaborative.
- Sarah Wylie presented graphs of retailer density. Nathan suggested adding a scaling factor to retail density data to account for areas with only 1 or 2 stores.
- Evaluation and Measures of Progress: Matthew suggested moving the opinion leader survey to short-term outcomes. Typically awareness is a short-term outcome and attitudes and beliefs are mid-term.
- Brett asked about what youth skills the Program are targeting in short term outcomes. It is really more about knowledge and awareness of POS.
- Matthew suggested dropping out "skills" aspect of increased youth awareness in short term outcomes. Skills are hard to change, take a long time and would be very hard to do through media. Be specific of the target levels also.
- The group discussed the skills for parents that are being addressed in the logic model. One of the main skills would be having the conversation with kids about POS. The "ask" for parents in Phase 1 is to discuss with their kids and to feel like they can access community coalitions.

- Rebecca asked if it was enough to increase parental awareness in short term outcomes. Perhaps the outcome could also include information seeking (accessed resources and materials).
- Amy suggested that building skills and information seeking may be the wrong outcomes to focus on. The point is passing policies so those may not be topics that need to be addressed. Matthew said VT should focus on getting people aware of what you're saying, so there would be increased support.
- Matthew suggested two logic models to lay out movement in policy change and looking at the "ground troops" and general public. The target for the ground troops is educating decision makers with the opinion leader survey being a key data source. You would want to see increased support among decision makers. The other target would be general public with ATS or macro poll as the data source.
- It may be too narrow to just focus on changing outcomes with parents – it could be expanded to include all adults. The goal would be to change awareness among parents of the brand and POS.
- Nathan suggested a scalable media plan contingent on funding.
- Matthew said when the goal is behavior change you need to have a lot of media and frequently, but if you are trying to get public support for a policy, the media doesn't need to be as frequent and as "in your face".
- Brett pointed out that POS is a big domain – it's good to think of it in its components (e.g., advertising and displays, pricing and promotion). Each leads to a different policy and needs a different measure (and strategy). Brett suggested thinking about which policies VT wants to push and tailor the campaign to those policies.
- Matthew said that Carol explored the various different POS topics in focus groups and got reactions to this. Those findings may be useful to have. Carol said that people tend to think that parents and peers are more influential on teen's decisions to smoke than POS. Showing the number of exposures to POS can help demonstrate POS advertising.
- Rhonda asked if VT should think of this as a 4-year or 5-year plan given the amount of work to be done.
- Matthew suggesting asking what stores kids go to and doing an audit of stores so you can separately get a sense of what the kids are exposed to when they are in the stores they go to. You could ask how frequently they go shop by themselves.
- Matthew does not like the YRBS question "Have you seen tobacco ads in a convenience store". The problem is that kids who smoke or think about smoking report having noticed it whereas non-smoking kids don't. Generally self-reported measures of advertising are not good measures.
- Brett doesn't think that proximity to schools matters. It may be the home neighborhood, the distance between home and school, or perhaps where they work.
- Alexi asked whether there were data on which policies have the most impact. Brett said to take a long-term view with POS. He thinks they should go for things that they think they can achieve – even if it doesn't have a large population effect. Start chipping away at the edges. Brett discussed the 4 domains of POS:

- Advertising and display – there is good data that exposure to ads and displays drives kids to smoking. Brett said that product display ban would be likely to have a large impact. There is a paper in Pediatrics showing that displays influence purchases by youth.
- Pricing and promotion – The tobacco industry manipulated price. If you can get a strong minimum price policy with a tobacco coupon ban, it could have a big impact. This was associated with youth prevalence in NY.
- Store location and density - If you want to limit access, you could put caps on the number licenses. Access may be more important than location and limiting access has good support. Start with licensing – caps of licensing and ban sales in pharmacies – this would decrease access and send a public health message.
- Youth access to tobacco - Youth access to tobacco is the 4th POS domain. Brett discussed raising the minimum purchase age.
- Brett suggested taking an incremental approach to POS.
- Helen urged caution when stating legislative goals because not all stakeholders have been involved yet. The AG’s office hasn’t signed on to any policy legislation and goals. No decisions have been made on legislative goals among VDH administration.
- VDH needs to focus on policy objectives for CDC’s FOA.
- VDH will send a draft of their CDC grant application to RTI for review.

Recommendations and Next Steps

- Consider dropping the question on graphic images on warning labels from the ATS.
- Repeat the LOLS in 2 years. Consider adding town planning and/or zoning administrators to the sample.
- Review POS focus group findings with VT.
- Consider adding a scaling factor to retail density data to account for areas with only 1 or 2 stores.

10. Enforcement (Wednesday Oct 22nd, 1-3 PM)

- Amy Tucker joined the meeting. She works on FDA compliance checks (“undercover buys”). She assigns the checks. There were 66 undercover buys in the past month and there were 4 sales to minors.
- They use the Tobacco Inspection Management System (TIMS) iPhone for all investigators. The same investigators are going youth compliance and FDA checks.
- Amy is trying to combine the FDA program and SYNAR youth compliance.
- Amy assigns all checks. Oversight is new and some re-training is needed.
- State and FDA checks are side by side. State enforcement happens immediately and FDA enforcement happens via FDA in Maryland. They do their own violation penalty.

- Checks are assigned randomly. There is no geographic or time of year pattern. The inspectors change from year to year also. FDA also has them do A&L (advertising and labeling) checks.
- For A&L they are looking for violations where retailers may be selling flavored cigarettes or modified products ("light").
- They recently started an online minor training.
- FDA doesn't give guidance on which stores to check. They are supposed to check stores near schools. Sarah suggested using their Counter Tools store mapper to identify schools. Brett said that RTI has the contract to help FDA identify retailers in close proximity to schools.
- The SYNAR amendment in 1992 says that states have to enforce under 18 laws for tobacco products. If they don't meet a 20% failure (?) rate, they may lose funding. SYNAR is reporting of state data. VT checks every store every year.
- Brett said that it doesn't seem like FDA is going to do any retailer training or education beyond a mailing that they are doing.
- With Act 135 the most problematic aspect has been to clarify what state owned buildings can do for creating a smoke-free area around the building. It became an HR issue due to union requirements about a 50 ft barrier around state buildings. This has remained intact for most, but not all, state owned buildings. There are also a set of procedures outlined in the HR handbook for state employees that if you are making changes to your boundaries you have to go through a specific committee. What was passed was a 25 ft boundary, though buildings that already had a 50 ft boundary could keep that.
- VDH is working on a memo about Act 135, emphasizing its importance and why it was passed. The memo will contain a guide with ideas of what to do if a particular building isn't enforcing the guidelines and will inform people that VDH offers cessation services. The memo is with the Commissioner's Office.
- There are some state employees that work out of leased buildings and they would like to have an equal playing field so that all would be covered with the 25 ft boundary.
- It's not clear whether MUH is considered a public building or not. VDH often gets complaints about drift and smoke coming in from MUH.
- Smoking in public places statute should apply as a violation if Act 135 is not being followed. VDH is trying to clarify what to do if there is a violation as the current guidance isn't very clear. They are also trying to think about what to do with e-cigarettes.
- As of July 1, 2014, there will be a regulation regarding no use of e-cigarettes in schools and licensed daycare facilities (includes indoor and grounds).

Recommendations and Next Steps

- Invite Amy Tucker to School and Communities Committee meetings.
- Discuss Act 135 and e-cigarettes at an upcoming Enforcement Committee Meeting.

11. Site Visit Wrap-Up (October 22nd)

- In terms of big picture/coordination, RTI and VTCP got a lot done during the site visit. Everyone seems to be on the same page.
- A number of relevant topics were identified to be addressed in monthly calls.
- RTI have a good idea of what VT is working on.
- The next step may be to talk about the language in the evaluation contract and the evaluation plan that RTI previously developed. RTI doesn't have any active concerns with the plan, but the scope of work hasn't been changed for the follow-up years. This means that there are seven specific things that are listed in RTI's contract as requirements but not all these things may be useful. RTI have flexibility in the contract because of the special topic studies clause.
- Nathan doesn't feel like the current evaluation plan RTI has set up with VTERB really reflects what the program wants or needs. Nathan would like to start fresh with the Program and discuss what to do with the remaining 80+% of this year's budget and focus on deliverables that we really want or need.
- Amy asked if RTI could recommend what should be done. Nathan said that there would be some back and forth, but yes. He said it doesn't sound like it makes sense to do another tax policy report. There are some things that the Program seems to want that RTI could do.
- Nathan said that RTI has a much better idea of what VT is doing or wants to do with POS. We've said we should give ourselves 2 years for it, but it's not clear what exactly the evaluation would be. Nathan feels like POS is the next big area for RTI and VTCP to work on.
- Brett said he wasn't really sure what VT needs next. Is there information that would help them decide what policy direction to go in?
- Nathan thought that VDH could make a strong case to have RTI do some evaluation work on Counter Tools even if there is only core funding.
- Sarah thought what they were missing is taking all the data they have and data sources and putting it into a comprehensive evaluation plan to see where the gaps are, what evaluation questions there are and what data sources we have. Brett suggested developing an Evaluation Planning Matrix.
- Amy would like RTI recommendations in writing. If there is a way for RTI to maintain a good overview of the program throughout the year.
- Nathan suggested bringing back the 3rd monthly call back between RTI and VDH. That is a way to maintain conversation about data sources, program activities, etc.
- Rhonda brought up having RTI participate in Evaluation Committee calls regularly.
- Rhonda brought up making the VT LOLS report(s) public.
- Rhonda would like to set up a call with Brett and Carol – sometime soon so the discussion can help VDH with their CDC grant. Alexi should be part of that call too.
- Rhonda asked Brett what he thought they work on with regards to POS this year. Brett said he'd like to hear more about flavored tobacco use in the state and see whatever data VDH may have. Helen doesn't think there is any entity gathering data

on flavored products and who is purchasing them. Brett said it is possible to get scanner data on that.

- Kate is interested in learning more from RTI about to be better at evaluating school-based programs. Kate would like to shift away from curriculum and training. Kate thinks it would be helpful to understand what can be evaluated - what are the priorities for the Program. This will help Kate to know how to move forward with the AOE program.
- Rhonda brought up the idea of strategic partnership and what that should look like for VDH and AOE.

Recommendations and Next Steps

- Discuss the evaluation contract and what work would be most useful in the upcoming contract year.
- Re-instate a monthly call between RTI and VDH.
- Have RTI participate in the Evaluation Committee calls.
- Schedule a call between VDH and RTI (Brett Loomis and Carol Schmitt) to help VDH with their CDC grant.
- Continue the conversation about evaluating the AOE tobacco efforts.
- Discuss POS evaluation needs in more detail. Evaluation Committee should discuss a POS Special Study.
- Identify special topics for monthly calls and schedule them in advance.

12. Special Topic Suggestions

- QuitTxt program information
- CPT Evaluation
- Medicaid beneficiaries and evaluation/data collection
- Future of ATS and fielding mail surveys rather than phone (Burton Levine)
- Retailer education and training regarding tobacco sales to minors
- Discussion of POS policies and VDH's CDC FOA (Carol Schmitt and Brett Loomis)
- How to communicate the policy and advocacy roles that local opinion leaders could fill

13. Summary of Recommendations and Next Steps

This section of the Site Visit Notes summarizes the recommendations and action that were discussed during the course of the site visit. In Table 1 we present evaluation recommendations indicating the program area that the recommendation pertains to, the specific recommendation, the lead organization(s) responsible for following through on the recommendation, relevant notes or comments, and finally, a ranking of the priority of each recommendation. Using the same format, we list out the programmatic recommendations in Table 2; however, we have not prioritized these recommendations as these should be carefully considered and prioritized by members of the VTCP and VTERB. We end this section with a list of specific action items, the responsible organization(s), and the status of each action item (Table 3).

TABLE 1. Evaluation Recommendations

Program Area	Recommendation	Lead Organization	Notes/Comments	Priority
Overarching	Examine what useful data may be in the CPS-TUS for program use.	VDH	While this recommendation stems from a discussion that VDH may be interested in seeing what tobacco-related data is available through the CPS-TUS, RTI may be able to help provide a summary.	High
Overarching	Determine how to communicate to stakeholders, particularly the legislature, that changes in adult tobacco use prevalence and quit attempts are not statistically significant.	BA and VDH		High
Management and Communication	Explore contract management with the new Board administrator in order to have flexibility within the contract for add-ons.	VDH	RTI is open to this so that a new contract would not need to be made.	High
School-based programs	Discuss, at a future Evaluation Committee meeting, adapting the end-of-year reports to ask questions	Evaluation Committee and AOE		High

Program Area	Recommendation	Lead Organization	Notes/Comments	Priority
	about each of the strategy areas.			
Media	Add a question to the YRBS about awareness of Down and Dirty and other campaigns.	Evaluation Committee and VDH		High
POS	Consider adding a scaling factor to retail density data to account for areas with only 1 or 2 stores.	VDH		High
POS	Discuss POS evaluation needs in more detail.	RTI and VDH	RTI is developing an evaluation planning matrix for POS efforts that will inform a discussion about evaluation needs for POS work. The Evaluation Committee can also discuss whether there is a particular POS Special Study they would like to see conducted.	High
Overarching	Develop a strategy for looking at prevalence rates for use of multiple products.	RTI and VDH		Medium
School-based programs	Discuss what to do with the data from the AOE database and how to use it to inform program development.	AOE		Medium
School-based programs	Continue the discussion of what constitutes a successful school-based tobacco program.	RTI, AOE, BA		Medium
School-based programs	Look at the old questions from the YTS and see if that data might be helpful if it was gathered it from another source.	Evaluation Committee		Medium
School-based programs	Continue the conversation about evaluating the AOE tobacco efforts.	RTI and AOE		Medium
School-based programs	Consider having the Evaluation Committee guide Kate in creating a questionnaire for AOE grantees soliciting success stories.	Evaluation Committee and BA		Medium
POS	Discuss at a VTERB meeting whether the Program should offer to help with an evaluation of DLC's online training for retailers.	VTERB	RTI can participate in this discussion, if that would be useful to the group.	Medium
Cessation	Consider conducting less frequent follow-up with	Evaluation		Medium

Program Area	Recommendation	Lead Organization	Notes/Comments	Priority
	Quitline participants. This can be discussed at a future evaluation committee meeting.	Committee		
Surveillance	Consider dropping the question on graphic images on warning labels from the ATS.	VDH		Medium
School-based programs	Develop a proposal for a good youth evaluation would look like so that Rhonda and Kate could talk to decision-makers to see if it's feasible.	RTI	Given that RTI's funding for FY2015 has been allocated, this is a low priority for FY2015, but could be considered in FY2016	Low
Media	Examine YRBS data to see whether TIPS has a spill-over effect on youth.	VDH		Low
POS	Repeat the LOLS in 2 years. Consider adding town planning and/or zoning administrators to the sample.	RTI		Low

TABLE 2. Program Recommendations

Program Area	Recommendation	Lead Organization	Notes/Comments	Priority
Overarching	Develop a mid-year brief for Jeb Spaulding and others outlining progress to date and needs for future.	BA	This suggestion was made by Barbara M and is an action item to be address by the BA.	
Overarching	Continue discussing and addressing how to best advocate for increased funding to keep the comprehensive tobacco control program intact and what a non-comprehensive program would look like.	VTERB	Suggested by Amy Brewer.	
POS	Consider if it is possible to get more information from retailers about their relationship with tobacco companies, possibly using license application as a data source.	VDH		
POS	Reach out to VT League of Cities and Towns to explore	VDH		

Program Area	Recommendation	Lead Organization	Notes/Comments	Priority
	what local opinion leaders can do with regards to tobacco-related policies (e.g., what authority they have locally).			
School-based programs	Offer the tobacco prevention coordinators (peer mentor network) the opportunity to receive the trainings available to VDH.	VDH and AOE	Suggested by Rhonda Williams	
School-based programs	Discuss the reallocation of AOE funding so that schools without a coalition would get more funding.	VTERB		
Media	Consider whether the Program should partner with family practice doctors in rural areas to help communicate to rural youth.	VDH		

TABLE 3. Action Items

Program Area	Action Item	Lead Agency	Status
Management and Communication	Reinstate regular communication about the global program between RTI, VDH, and the Board Administrator (BA).	RTI and BA	COMPLETED. <ul style="list-style-type: none"> Rhonda Williams will be joining the monthly call between RTI and the BA to ensure regular communication.
Management and Communication	Have RTI participate in the Evaluation Committee calls.	RTI and Evaluation Committee	COMPLETED <ul style="list-style-type: none"> RTI will participate in Evaluation Committee meetings when requested by the Board Administrator or the Chair of the Evaluation Committee.
Management and Communication	Discuss the evaluation contract and what work would be most useful in the upcoming contract year.	RTI and BA	IN PROGRESS <ul style="list-style-type: none"> RTI submitted an Evaluation Planning Memo on December 23, 2014. This will be discussed with the Board Administrator in January.

Program Area	Action Item	Lead Agency	Status
Management and Communication	Re-instate a monthly call between RTI and VDH.	RTI and VDH	ON HOLD <ul style="list-style-type: none"> During the site visit, RTI and VDH decided not to schedule this meeting for the time being as Rhonda Williams will be joining the monthly call between RTI and the Board Administrator. We will re-visit this later, if needed.
Management and Communication	Identify special topics for monthly calls and schedule them in advance	RTI	IN PROGRESS <ul style="list-style-type: none"> RTI will submit a memo outlining the Special Topics calls for the remainder of FY 2015.
Management and Communication	Invite Amy Tucker to School and Communities Committee meetings.	BA	
VT LOLS	Examine VT LOLS respondents/non-respondents and their geographic location.	RTI	COMPLETED Follow-up analyses memo sent to Kate O'Neill on December 29, 2014
VT LOLS	Share data on the percentage of VT LOLS respondents who were neutral or in opposition to policies.	RTI	COMPLETED Follow-up analyses memo sent to Kate O'Neill on December 29, 2014
VT LOLS	Use consistent and accurate language describing aggregate categories that combine multiple responses and to use the wording "perceived influence" instead of just "influence".	RTI	NOT YET COMPLETED Discuss with Board Administrator to determine if a new PowerPoint presentation should be created.
POS	Schedule a call between VDH and RTI (Brett Loomis and Carol Schmitt) to help VDH with their CDC grant.	RTI and VDH	COMPLETED Brett Loomis worked with VDH in October and November to help VDH with their CDC grant application.
POS	Review POS focus group findings with VT.	RTI	SCHEDULED This topic will be discussed on January 27, 2015 during the monthly RTI-VTCP conference call.

Program Area	Action Item	Lead Agency	Status
POS	Check with Surveillance to see if data from community needs assessments are available.	VDH	
Cessation	Discuss with Evaluation Committee members how they would like RTI to be involved with cessation data analysis.	Evaluation Committee	
Enforcement	Discuss Act 135 and e-cigarettes at an upcoming Enforcement Committee Meeting.	VDH	